

EXHIBIT B

D11
Ravenswood City School District



San Mateo County Special Education Local Plan Area

EXISTING DATA REVIEW AND CONFERENCE DECISION

(Check one) ☒ Evaluation ☐ Re-Evaluation
Student: 8 Age: 8 District/OCOE/Other: RCSO

Date: 4-4-07
Birthdate: 3-20-99
Grade placement: 1st

Assessment Categories	Examples of Data Sources	Need for further data?	
		Yes	No
Social/Developmental History	Parent Information		<input checked="" type="checkbox"/>
Educational History or Early Intervention History	Permanent school records; report cards; attendance records; early intervention services provided		<input checked="" type="checkbox"/>
Individual Intelligence/Cognition	Past comprehensive evaluations; independent educational or developmental evaluations, if available from parents		<input checked="" type="checkbox"/>
Communicative Abilities	Past comprehensive evaluation; speech-language evaluations; programmatic data; classroom teacher/provider observations; independent educational or developmental evaluations, if available from parents		<input checked="" type="checkbox"/>
Adaptive Behavior or Social/Emotional Development	Past comprehensive evaluations; programmatic data; classroom teacher or service provider observations; independent educational or developmental evaluations, if available from parents; parent observations; disciplinary records; functional behavioral analysis		<input checked="" type="checkbox"/>
Achievement/Developmental Performance (5 Domains for Early Childhood)	Classroom achievement data; data on current performance level; teacher made tests; related services data; report cards; data on effectiveness of adaptations and modifications; data on present educational needs; standardized testing data; independent educational or developmental evaluation		<input checked="" type="checkbox"/>
Related Services	Related services personnel progress reports; medical reports; may include assessments in the following: audiology, psychological services, physical and occupational therapy, recreation, early identification, counseling services, orientation and mobility		<input checked="" type="checkbox"/>
Additional Components/Other	Comprehensive evaluation; independent evaluations, if available from parents; current vision and hearing evaluations		<input checked="" type="checkbox"/>

Check One: ☒ Additional data needed (specify) vision & hearing results
☐ No additional data needed (Attach most recent Evaluation/Programming Conference Decision Form.)

Signatures and Titles of Conference Attendees:

[Signature]
[Signature]
[Signature]

Manual (Smith)

• Pupil's File Copy - White
Existing Data Review & Conference Decision

• Parent's/Student's Copy - Yellow
12/00; 6/01

• Teacher's Copy - Pink
Prepared for printing by San Mateo County SELPA



San Mateo County Special Education Local Plan Area

Prior Written Notice

DISTRICT RCSDSCHOOL BrentwoodTo the Parent or Guardian of: J. A. Jr. Date of Birth: _____ DATE April 4, 2007Parent's primary language English English Proficiency: ☐ Limited ☒ Fluent

1. To determine if this referral was appropriate, district staff reviewed the following:

☒ Student records/academic history/prior assessments, if any☒ Progress in current program☒ Teacher information/concerns☒ Parent information/concerns☐ Other: _____

2. After reviewing the above, the district proposes the following action:

☐ Conduct an assessment (Assessment Plan and Parent Rights are attached.)☒ Refuse assessment (You have due process rights - statement of Parent Rights is attached.)☐ Agree with proposed change/s checked in Section 1 above (Notice of proposed IEP Team Meeting is attached.)☐ Disagree with the proposed change/s (Notice of proposed IEP Team Meeting is attached.)☐ Other: _____

3. The reason for the district's proposed action is to wait for the vision & hearing test results from the doctor & the district nurse (re-evaluation). Parent will furnish a copy of the doctor's note on 4/5/07.

4. The district also considered other options but rejected them for the reasons given below:

5. Other factors believed to be relevant to the district's recommendation are:

Please call me if you have any questions or need further explanation of your rights.

Ms. Mendoza

Name/Title

(510) 220-2040

Phone

As the parents of a child with a suspected or confirmed disability, you have protections under the procedural safeguards for the Individuals with Disabilities Act (IDEA) and California Education Code §§6000, et seq., copies of those rights are attached.

Data Received by LEA

Signature of Parent/Legal Guardian/Surrogate Parent/Educational Representative(Adult Student)

*Pupil's File Copy - White

*Parent's/Student's Copy - Yellow

*Teacher's Copy - Pink

Prior Written Notice

Rev. 5/00; 2/01; 9/01

Prepared for printing by San Mateo County SELPA

(was Notice of Referral/Written Notice of Proposed Action)



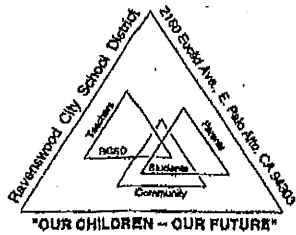
San Mateo County

Special Education Local Plan Area

INSTRUCTIONS: Prior Written Notice

Parents must receive prior written notice whenever the district proposes to or refuses to change:

1. Identification
2. Evaluation
3. Educational placement; or
4. Provision of a free appropriate education



Maria De La Vega
Superintendent

Ravenswood City School District STUDENT SERVICES DIVISION

Health Services Department
2160 Euclid Ave., East Palo Alto, California 94303
(650) 329-2800 x143 Fax (650) 289-0892

4/16/07
Copy like
with
Liz Oram

District Nurse Referral Form

Laurie Bauer RN, MSPH
District Nurse

Student's Name Ju SS Date of Birth

School Brentwood Grade* 1 Teacher Ms. Crews Room #

Referral Contact Name/Title Liz Oram/Psychologist Date 3-23-2007

Phone # 714-742-5335 Fax # E-mail eoram

Reason for referral:

☒ Initial IEP ☐ Triennial IEP ☐ Speech and Language Only IEP Date

*Grades screened yearly: K, 2, 5, 8 and all Special Education Students.
Please check in SASI for results before referring to District Nurse.

Hearing Screening

Audio Screening #1: @ 25 db

	500	1000	2000	4000
RE	35	45	✓	✓
LE	✓	✓	✓	✓

Passed: Yes ☒ No ☐

Comments:

Refer in 2 wks (April 11th)

Audio Screening #2: @ 25 db

	500	1000	2000	4000
RE	35	✓	✓	45
LE	✓	40	110	35

Passed: Yes ☒ No ☐

Screen #1 by: L. Hager RW Date 3/27/07 Screen #1 by: L. Hager Date 4/16/07

Referred for medical exam: ☒ Yes ☐ No

Vision Screening

Far Vision: Rt 20/40 Lt 20/30 Muscle Balance SL Passed Yes ☒ No ☐

Near Vision: Complains of blurred vision when reading Yes ☐ No ☐

Complains of frequent headaches when reading Yes ☐ No ☐

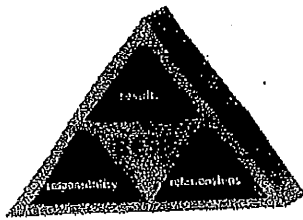
Referred for MD exam: ☒ Yes ☐ No

Screened by: L. Hager RW Date

ENTERED

Referred for Nurse Visit: Date

Reason for referral



Maria M. De La Vega
Superintendent

Ravenswood City School District
STUDENT SERVICES DIVISION
Health Services Department
 2450 Ralmar Street Rm. P3, East Palo Alto, CA 94303
 (650) 329-6550 Fax (650) 289-0892

Board Members:
 Jacqueline Greene, President
 Adam Mitchell, Vice President
 Todd Gaviglio, Clerk
 M.F. Chester Palesoo, Member
 Marcelino López, Member

Laurie Bauer RN, MSPH
 District Nurse

Report of Hearing Screening

Dear Parent/Guardian:

Your child SI recently received a hearing screening examination at school on 4/13/07. As a result of hearing screening tests at school, it is recommended that your SI should have:

☐ A complete hearing examination by an audiologist

☒ A medical examination

Report of Physician's Examination

Date of exam _____

Ears Canals: Right _____
 Left _____

TM and Middle Ear: Right _____
 Left _____

Nose: _____
 Throat: _____

No evidence of pathology, refer to audiologist _____

MD Signature _____

Physician's Name: _____

Address: _____

Phone: _____

Please return to:
 Laurie Bauer RN, MSPH
 Health Services Department
 2160 Euclid Ave
 East Palo Alto, CA 94303

Report of Audiological Examination

(Please fill in below or attach copy of audiogram)

ANSI Hearing Levels

Ear	250	500	1000	2000	4000	8000
Right						
Left						

Impedance/Immittance

Ear	Pass/Fail	PVT
Right		
Left		

Findings: Right _____ Left: _____

Recommendations:
 (Please Check)

☐ Noise Protection
☐ Hearing Aid Evaluation
☐ Speech Evaluation
☐ Education Assessment

☐ Rehab Counseling
☐ Special Seating
☐ Developmental Evaluation
☐ Special Tests

☐ Other
☐ Repeat Audio
 Date: _____

Physician's Name: _____

Address: _____

Phone: _____

Please return to:
 Laurie Bauer RN, MSPH
 Health Services Department
 2160 Euclid Ave
 East Palo Alto, CA 94303



Ravenswood City School District

HEALTH SERVICES

2160 Euclid Ave., East Palo Alto, California 94303
(650) 329-2800 x143 Fax (650) 289-0892

Laurie Bauer RN, MSPH
District Nurse

Maria De La Vega
Superintendent

Report of Eye Examination

Dear Parent/Guardian:

Your child J. S. D.O.B. recently received a vision screening examination at school on 3/27/07.

The following results were obtained:
Snellen test: Right Eye 20/ 40 Left Eye 20/ 30

Additional procedures _____

Comments: _____

It is recommended that your child's eyes be examined by an eye or vision practitioner.

It is requested that you take this form with you, have it completed by the examiner, and then return it to

Laurie Bauer, District Nurse
2160 Euclid Avenue
East Palo Alto, CA 94303

Laurie Bauer RN
Signature of District Nurse

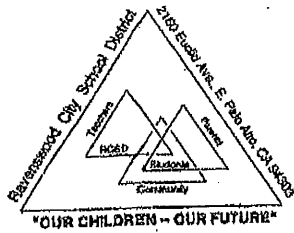
I give permission to share this information with the school.

Signature of Parent

Report of Eye Examination to the School

Name of student	School	Grade	Date examined	Date of reexamination
Visual acuity		Lens requirements		
Without lenses	With lenses	Results		Frequency
R 20/ L 20/	R20/ L20/	<input type="checkbox"/> Correction not required <input type="checkbox"/> Correction prescribed <input type="checkbox"/> Glasses <input type="checkbox"/> Contact Lenses		<input type="checkbox"/> Wear at all times <input type="checkbox"/> Wear for close work <input type="checkbox"/> Wear for distance only
Diagnosis		Recommendation (special seating, large print, special education placement, etc.)		
Examiner's signature		Address		Phone number

This form is approved by the Superintendent of Public Instruction, as required by Education Code Section 49456, for reporting results of vision screening testing to parents and guardians and for obtaining recommendations from the professional examiner.



Ravenswood City School District
STUDENT SERVICES DIVISION
Health Services Department
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(650) 329-2800 x143 Fax (650) 289-0892

Maria De La Vega
Superintendent

Laurie Bauer RN, MSPH
District Nurse

District Nurse Referral Form

Student's Name J. S S Date of Birth

School Brentwood Grade* 1 Teacher Ms. Crews Room #

Referral Contact Name/Title Liz Oram/Psychologist Date 3-23-2007

Phone # 714-742-5335 Fax # E-mail loram

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	500	1000	2000	4000		500	1000	2000	4000
RE	35	45	✓	✓	RE				
LE	✓	✓	✓	✓	LE				

Passed: Yes (No) Comments: Refer in 2 wks (April 11th) Passed: Yes No

Screen #1 by: L. Hager mw Date 3/27/07 Screen #1 by: Date

Referred for medical exam: Yes No

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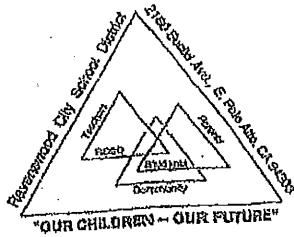
Near Vision: Complains of blurred vision when reading Yes No
Complains of frequent headaches when reading Yes No

Referred for MD exam: (Yes) No

Screened by: L. Hager mw Date

Referred for Nurse Visit: Date

Reason for referral



Ravenswood City School District
HEALTH SERVICES
 2160 Euclid Ave., East Palo Alto, California 94303
 (650) 329-2800 x143 Fax (650) 289-0892

Laurie Bauer RN, MSPH
 District Nurse

Maria De La Vega
 Superintendent

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D.O.B.

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 East Palo Alto, CA 94303

L. Bauer RN
 Signature of District Nurse

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